

# **MEMORANDUM**

To: DDA Stakeholders

From: Bernard Simons, Deputy Secretary / Jernard

Re: DDA Appendix K #6- Staff Training and On-boarding Flexibility Guidance

Release Date: April 29, 2020 Effective: March 13, 2020

NOTE: Please inform appropriate staff members of the contents of this memorandum.

#### **BACKGROUND**

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease ("COVID-19") caused by the novel coronavirus. The COVID-19 outbreak was declared a national emergency on March 13, 2020 and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The purpose of this guidance is to inform Developmental Disabilities Administration (DDA) stakeholders of temporary changes to the DDA's Home and Community-Based Services (HCBS) Waiver programs (i.e. Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and State funded services and operations in response to health and safety concerns related to the COVID-19 pandemic.

This guidance implements temporary modifications to DDA's Waiver programs in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services, and DDA State Funded services to address the state of emergency.

### **OVERVIEW**

To maintain and support expansion of the current workforce, modifications to the following staffing qualifications and onboarding requirements are outlined in this guidance:

- A. Service by Relatives or Legally Responsible Individuals;
- B. Staff Age Requirements;
- C. Waiver of High School or GED Requirement;
- D. Criminal Background Checks;
- E. Training Requirements;
- F. Waiving the Health Screen and PPD Test;
- G. Exception to Maryland Professional Licenses; and
- H. Sharing Staff Among Providers.

Providers are encouraged to utilize all staff in the provision of direct support. This includes management and clerical staff, as examples. The training exceptions and expectations for this staff (e.g. management and clerical staff) is the same as described in this guidance.

This guidance applies to both the self-directed and traditional service delivery models for the following services:

Meaningful Day Services		Residential Services			Support Services (CCS and Waiver Supports)			
	Employment Services	Х	Community Living – Group Home		Assistive Tech & Svs	х	Nurse Health Case Management	
	Supported Employment	Х	Supported Living	Х	Behavioral Support Services	Х	Nurse CM & Delegation Svs	
	Employment Discovery & Customization		Shared Living		Coordination of Community Services		Participant Ed, Training & Advocacy	
	Career Exploration				Environmental Assessment	Х	Personal Supports	
Х	Community Development Svs				Environmental Modifications	х	Respite Services	
Х	Day Habilitation				Family & Peer Mentoring Supports		Remote Support Services	
					Family Caregiver Training & Empower		Support Broker	
					Housing Support		Transportation Services	
				Х	Nurse Consultation		Vehicle Modifications	

## A. Relatives or Legally Responsible Individuals as Staff

Providers are encouraged to work with participants and their families to explore the availability of natural supports, if needed. In the event that natural supports are not available, providers or participants enrolled in the self-directed services delivery model, may hire relatives and legally responsible individuals to deliver services.

- 1. Providers may hire relatives and legally responsible individuals (including spouses and parents of minor children) to provide services including Community Living Group Home services.
- 2. The authority to hire and pay spouses and parents of minor children will terminate after the State of Emergency ends.
- 3. Relatives and legally responsible individuals should receive training on the participant's specific needs, as set forth in their person-centered plan (PCP), and, if applicable, nursing care plan, and behavior plan, for whom they are rendering these services. Training on the participant's specific needs must consist of basic health and safety support needs for that participant including but not limited to the aspiration, dehydration, constipation and seizures.
- 4. When this service is rendered by relatives or legally responsible individuals, the provider agency and participants enrolled in the self-directed services delivery model is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with the DDA requirements.
- 5. Providers, and the Fiscal Management Services provider supporting participants enrolled in the self-directed services delivery model, are encouraged to track spouses and parents of minor children separately in their employment systems.
- 6. Due to individual situations during this emergency and as indicated in this guidance, services can be provided in alternative sites to include family home. (Reference: DDA guidance for providing services in alternative sites).
- 7. When services are provided in the family home, the provider shall bill for services through the DDA's PCIS2 or LTSSMaryland (for pilot providers) system as if the services were provided in their licensed site, in accordance with applicable rates approved by DDA.
- 8. The provider, including the Fiscal Management Services provider on behalf of a participant enrolled in the self-directed services delivery model, is responsible for paying the relatives and legally responsible individuals.
- 9. The provider is not eligible for a Residential Retainer Fee or COVID-19 Retainer Payment when family members are being paid to provide services. '

### **B.** Staff Age Requirements

### **Standards and Requirements:**

- 1. Individuals 16 years of age or older, including family members, neighbors and certified babysitter, that meet revised qualifications (as set forth in this guidance) can provide direct support for Waiver program services that normally require that the direct support professional be 18 years of age or older.
- 2. Nationally recognized organizations, such as the American Red Cross, have certification in babysitting and/or childcare, including First Aid/CPR training.
- 3. Individuals 16 years of age, but younger than 18 years of age, must be determined responsible by:
  - a. The participant or the participant's legal representative if the participant is enrolled in the self-directed services delivery model; or
  - b. The provider if the participant is enrolled in the traditional services delivery model.
- 4. Provider shall maintain a list of staff hired under this exception and provide upon request by the DDA.

## C. Waiver of High School or GED Requirement

#### **Standards and Requirements:**

- 1. Direct Support Professionals do not need to have a high school diploma or GED certificate in order to provide Waiver program services during this emergency.
- 2. Provider shall maintain a list of staff hired under this exception and provide upon request by the DDA.

### D. Criminal Background Checks

- A provider who chooses to utilize non-traditional staff in direct support positions
  must initiate appropriate background checks, and MVA checks (if driving), but may
  place the staff person on the schedule immediately after performing an
  abbreviated background check using the name, birthdate, and social security
  number of the potential new hire.
- 2. Provider shall maintain a list of staff hired under this exception and provide upon request by the DDA.

### E. Training Requirements

- 1. To expedite the hiring of staff and their ability to work with participants immediately, the DDA will temporarily waive all but the most essential staff training requirements for direct support professionals under both the self-directed and traditional service delivery models.
- 2. In an effort to expedite service delivery during the pandemic, training requirements may be waived for *family members* willing to provide services to participants until 60 days following the end of the State of Emergency.
- 3. The essential training requirements that will still be required for direct support professionals, prior to working with a participant, during this crisis are:
  - a. Completion of online CPR & First Aid training, as provided in Section 5. A below;
  - b. Training on the participant's person-centered plan, and, if applicable, nursing care plan and behavior plan, to whom the staff will provide direct care, as per provided in Section 5. D below;
  - c. Basic condensed training in fundamental rights, including abuse, neglect, restraints, and seclusion; and
  - d. Condensed training in DDA's Policy on Reportable Incidents and Investigations (PORII), as provided in Section 5.E below.
- 4. Training in Medication Technician Training Program is not waived for direct support professionals, but modified, as provided in Section 5.B below.
- 5. All trainings completed must be documented in the personnel record.
- 6. In an effort to expedite service delivery during the pandemic, training requirements would be waived for family members willing to provide services to participants until 60 days following the end of the State of Emergency.
- 7. For new employees, providers and participants enrolled in self-directed services delivery model, that utilize abbreviated training formats for the purpose of accelerating the onboarding of direct support professionals must ensure that all employees meet pre-existing annual training requirements within 120 days of onboarding.
- 8. For current employees, annual training requirements for direct support professionals, as provided in this guidance, who have previously completed all training requirements, will be extended 90 days after the State of Emergency.
- 9. Provider shall maintain a list of staff who received the abbreviated trainings under this exception and provide upon request by the DDA.

### 1. CPR & First Aid Training

## **Standards and Requirements:**

- 1. Provider agencies and participants enrolled in self-directed services delivery model, may choose to provide on-line training, such as CPR and First Aid, in lieu of in-person training.
- 2. Training may also be conducted by telephone or electronic means (e.g., Skype or Zoom).
- 3. Staff without current CPR/first aid may provide direct supports as long as they are working with a registered nurse or at least one other direct support professional who has CPR and First Aid certifications.
- 4. CPR and First Aid Certifications current as of March 13, 2020, but expiring between March 13, 2020 and the end of the State of Emergency shall not be required to be renewed until 90 days after the end of the State of Emergency.
- 5. Current CPR and First Aid certifications must be obtained if the staff person maintains a direct support professional position 90 days after the end of the State of Emergency.
- 6. Provider shall maintain a list of staff who receive training under this exception and provide upon request by the DDA.

## 2. MTTP/Medication Technician Training

- 1. All staff who are responsible for administering medication must have training in medication administration training provided by the Board of Nursing known as the Medication Technician Training Program ("MTTP").
- 2. Direct Support Professionals who have taken and passed MTTP courses may begin administering medications immediately.
- 3. MTTP licenses current as of March 13, 2020, but expiring between March 13, 2020 and the end of the State of Emergency shall not be required to be renewed until 90 days after the end of the State of Emergency.
- 4. Provider shall maintain a list of staff who are hired under this exception and provide upon request by the DDA.

## 3. Nursing Training

## **Standards and Requirements:**

- 1. Registered nurses are temporarily exempt from receiving training from the DDA regarding delegating nursing until the State of Emergency is terminated.
- 2. Provider shall maintain a list of staff who are hired under this exception and provide upon request by the DDA.

## 4. Training in Participant's Person-Centered Plan, Nursing Care Plan, and Behavior Plan

## **Standards and Requirements:**

- 1. All direct support professionals must receive training on the participant's specific needs, as set forth in their PCP, Nursing Care Plan, and Behavior Plan for whom they are rendering these services.
- 2. Training on the PCP must consist of basic health and safety support needs for that participant, including, but not limited to, the aspiration, dehydration, constipation and seizures.
- 3. With respect to the Behavior Plan (if the participant has one), MANDT training requirements shall be suspended at this time and are not required unless the staff person maintains a direct support position **90 days** after the end of the State of Emergency.
- 4. All direct support professional staff assigned to support a participant who has a Behavior Plan shall receive training on the behavior plan by another direct support professional who has experience supporting the participant, or a supervisor, prior to working independently with the participant.
- 5. Provider shall maintain a list of staff who receive training under this exception and provide upon request by the DDA.

### 5. Policy on Reportable Incidents and Investigation (PORII) Training

- 1. The PORII training may be provided in a condensed form and must include, at minimum, the definitions of reportable and serious reportable incidents and the procedures for reporting.
- 2. Provider shall maintain a list of staff who receive training under this exception and provide upon request by the DDA.

### F. Waiving the Health Screen and PPD test

### **Standards and Requirements:**

- Providers may waive the basic health screen and PPD skin test as a condition of employment for all direct support professionals, including legally-responsible family members.
- 2. Provider shall maintain a list of staff who are hired under this exception and provide upon request by the DDA.

## **G.** Exception to Maryland Professional Licenses

- Providers may temporarily waive certain licensure requirements for healthcare professionals in accordance with the following Executive Order, issued by the Governor of Maryland on March 16, 2020. Reference: <a href="https://governor.maryland.gov/wp-content/uploads/2020/03/Executive-Order-Health-Care-Matters.pdf">https://governor.maryland.gov/wp-content/uploads/2020/03/Executive-Order-Health-Care-Matters.pdf</a>. This includes:
  - a. Hire any person who holds a valid, unexpired license as a health care practitioner in another U.S. state to practice within the scope of that license in the State of Maryland; and
  - b. Hire an individual with an inactive health care practitioner license.
- 2. Providers may continue to use staff with an expired license and other authorizations issued by any agency of the State of Maryland, including, but not limited to, the Maryland Board of Nursing, until the 30th day after the date by which the State of Emergency is terminated and the catastrophic health emergency is rescinded by the Governor of Maryland. (Reference: Pursuant to the Governor's authority under the Constitution and Laws of Maryland, on March 12, 2020, the Governor issued an Executive Order extending the expiration date of all licenses, permits, registrations, and other authorizations issued by any agency of the State of Maryland. Information can be viewed at:
  - https://governor.maryland.gov/wpcontent/uploads/2020/03/Licenses-Permits-Registration.pdf
- 3. Provider shall maintain a list of staff working under this exception and provide upon request by the DDA.

### H. Sharing Staff Among Providers

## **Standards and Requirements:**

- 1. Providers may share staff with other providers to support participants.
- 2. A written document can be accepted from a direct support professional's primary employer stating that they have required training and background checks in order for them to work for a different provider organization.
- 3. These employees must still receive specific training regarding:
  - a. The participant's needs and services as set forth in the participant's personcentered plan and, if applicable, nursing care plan and behavior plan (including crisis intervention, if necessary);
  - b. Services to be provided to the participant in accordance with the personcentered plan; and
  - c. Site-specific emergency response training. This training may be condensed at the discretion of the provider and must be documented and kept with personnel records.
- 4. Provider shall maintain a list of staff working under this exception and provide upon request by the DDA.

## **Applicable Resources:**

DDA Waivers - Appendix K Webpage

DDA MEMO/GUIDANCE/DIRECTIVES

**DDA Covid-19 Resource Page** 

**Onboarding New Direct Support Professionals During the COVID-19 Crisis**